

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03 - 020

2. STATE
Kentucky

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/01/2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.53 & 440.170

7. FEDERAL BUDGET IMPACT:
a. FFY (2003) \$000.00
b. FFY (2004) \$000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 7.9.1 & 7.9.1(a)
Attachment 3.1-B, Pages 35 & 35.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

Ambulance Services

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mike Robinson

13. TYPED NAME: Mike Robinson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: **9/30/03**

16. RETURN TO:

Frances McGraw
Eligibility Policy Branch
Department for Medicaid Services
275 East Main Street 6W-C
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 30, 2003

18. DATE APPROVED:
December 30, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Hugh Webster

21. TYPED NAME:
Hugh Webster

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

24. Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary.

A. Transportation

1. Definitions.

- a. Ambulance transportation includes air and ground transportation provided at advanced life support level or basic life support levels by an appropriately licensed carrier.
- b. Medical service area is made up of the recipient's county of residence or a contiguous county.

2. Ambulance Services.

- a. An emergency ambulance service shall be provided without prior authorization to and from the nearest hospital emergency room. If a hospital emergency room is not available, a statement from an attending physician associated with the facility from which the patient receives services verifying medical necessity of stretcher ambulance services and the nature of the emergency services provided to the patient shall be required.
- b. A non-emergency ambulance service to a hospital, clinic, physician's office or other medical facility for provision of a Medicaid covered service, exclusive of a pharmacy service, shall be covered upon referral from a licensed medical professional for a recipient whose medical condition warrants transport by stretcher.
- c. When it is determined by the attending physician that ground ambulance is not appropriate, a referral may be made for air ambulance transport to a medical facility beyond the recipient's county of residence or state boundaries. Medically necessary air travel will be covered within the parameters of the allowed reimbursement amounts specified in Attachment 4.19-B, page 20.11. Special authorization by the Commissioner or his designated representative is required for air transportation provided at a cost in excess of these amounts.
- d. Ground ambulance transport for in-state non-emergency ambulance travel outside the medical service area shall be covered if prescribed by the attending physician.
- e. Ground ambulance transport for out-of-state non-emergency ambulance transport shall only be covered if prior approval is obtained from the Department.
- f. Only the least expensive available transportation suitable for the recipient's needs shall be approved.

3. Specially Authorized Non-emergency Medical Transportation

- a. A specially authorized transportation service is non-emergency transportation necessary under extraordinary circumstances in which the recipient is required to travel out-of-state for medical treatment unavailable in-state.
- b. The Department assures provision of necessary transportation to and from a provider if the recipient has no other transportation resources.
- c. If transportation is not available free of charge, the Department will cover the least expensive means of appropriate transportation.
- d. Prior approval is required for all specially authorized transportation. When the recipient's medical needs cannot be met within the state, the Department will only approve travel to the nearest facility where those needs can be met.
- e. The Department will cover the following specially authorized transportation services:
 - (1) Transportation for a recipient;
 - (2) Lodging for a recipient, and a parent or attendant, if necessary;
 - (3) Meals, when necessary for the recipient to remain away from home and outside a medical facility while receiving treatment;
 - (4) Transportation and meals for one parent or guardian to accompany a dependent child receiving covered medical services, when treatment requires the child to remain away from home; and
 - (5) Transportation and meals for an attendant who accompanies a recipient receiving medical services, when there is a justifiable need for an attendant. The attendant can be a parent.

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